

**I. MASSACHUSETTS COMMISSION FOR  
THE DEAF AND HARD OF HEARING**

# **MASSACHUSETTS COMMISSION FOR THE DEAF** **AND HARD OF HEARING**

## **BACKGROUND: POPULATION AND MISSION**

- \* **The primary consumers of MCDHH services, both directly and indirectly, are individuals of all ages who are deaf or hard of hearing.**
- \* **Public and private agencies are a second consumer body of MCDHH technical assistance and communication-related services.**

## **POPULATIONS:**

Approximately **8.6%** of the population has a hearing loss; that is an estimated **495,950** individuals with a hearing loss in Massachusetts.

Hearing loss is a "hidden disability", having its effect in the arenas of spoken/auditory communication ... and therefore having an impact for the individual on, for example, social interactions, information access, employment, health care access, mental health service access, education access, elder services access, safety in the home, and citizen participation in the affairs of government and policy making.

The deaf and hard of hearing populations served by the MCDHH, broadly speaking, include two primary groups, each of which has some unique service needs:

- (1) **"born deaf or hard of hearing":** those who were deaf or had a significant hearing loss at birth or in the first few years of life, ... a large percent of whom use **American Sign Language** as their only or preferred language mode; and
- (2) **"acquired deafness or a hearing loss":** those who became deaf or acquired a significant hearing loss later in life, after spoken language was well established and after early education had been completed (*individuals referred to as "late deafened"*).

Unfortunately, a negative stigma is still attached to acquired hearing loss in the later years. As a result many individuals with an acquired hearing loss deny it and do not seek services which would:

- \* improve face-to-face communication in all settings,
- \* aid employment,
- \* decrease social isolation, decrease consequent depression and stress, and decrease need for need for costly mental health services or early institutional care,
- \* increase safety.
- \* Public and private agencies are a second consumer body for MCDHH technical assistance and communication-related services.

For the most part, activities of government, education, social and human services, and support systems in the community are still designed for individuals who hear. All service systems and policies of government still need to move forward to recognize the unique communication needs of people who are Deaf, oral deaf, late deafened and hard of hearing.

Technical assistance and communication-related services to all agencies of state and municipal government, and private sector agencies as well, are delivered through:

- \* the Department of Case Management;
- \* the Department of Communication Access, Training and Technical Assistance;
- \* the Department for Interpreter Services; and
- \* the policy staff.

## **MISSION:**

The Massachusetts Commission for the Deaf and Hard of Hearing (*MCDHH*) was established in July 1986 as "the principal agency in the Commonwealth on behalf of people of all ages who are deaf and hard of hearing", in recognition of the need for a visible, fully communication accessible, central point of contact in state government which shall:

- \* promulgate public policy;
- \* deliver technical assistance and resources to other state agencies;
- \* provide or ensure provision of direct services including but not limited to case management services, information services, technology services, interpreter services, CART services and such other services as it determines are needed;
- \* carryout public education;
- \* advocate;
- \* ensure the accessibility and quality of existing services and recommend new services as needed;
- \* make recommendations to the Governor.

All functions and services are carried out in order to enable deaf and hard of hearing individuals to have access to information, services, education, and opportunities which will be equal to those of able-bodied people who hear and which will enable each deaf and hard of hearing individual to live productively and independently while assuming full responsibility as a citizen.

1. **4125-0100 Bilingual Case Management Services**  
*(American Sign Language and English)*  
**FY'98 Funding Base Year: \$555,911**  
**FY'99 Funding: \$716,277**  
**FY'2000 Funding: \$716,277**  
**FY'2001 Funding: \$716,277**  
**Total 3 Year Increase from FY'1998 Base: \$160,366**

**Increases from FY '98**

FY '99	\$ 160,366
FY '00	\$ -0-
FY '01	\$ -0-

**Program Description**

The MCDHH Case Management and Social Services Department, employing staff who are fluent in American Sign Language and English, to provide:

- \* **case management** *(needs identification, cross-agency service plan development, referral, personal counseling re a variety of issues, advocacy to get proper and communication accessible services, cross-agency case coordination);*
- \* **co-case management** with other agencies to provide technical assistance re the interpretation of hearing loss and Deaf Culture/Deaf Community;
- \* **cross-agency case coordination;**
- \* **court/legal assistance:** assistance to clients in seeking out appropriate legal assistance, in understanding court/legal processes and related documents, and to the courts in seeking community supports for clients, and provision of accommodation for incarcerated deaf individuals;
- \* **technical assistance to other state agencies** re case management, interpretation of communication-related issues, identification and development of community resources for Deaf people, interpretation of the effects of hearing loss for service delivery and service planning;
- \* **specialized information, referral and "training" or "education" around a topic** to assist self-problem solving in order to avert the need for more complex and costly services;
- \* **certification for benefit services.**

The case management staff are able to communicate using either English (*oral/written or a sign supported English*) or American Sign Language (ASL). ASL is a separate and complete, visually based language with its own syntax and cultural context. Approximately 80% of the clients who receive case management service specifically use American Sign Language.

The clients of the MCDHH case management service are individuals with a hearing loss which further complicates other existing life difficulties; for example:

- \* deaf or severely hard of hearing substance abuser trying to seek recovery and get services, but unable to hear or speechread the potential service provider;
- \* deaf or hard of hearing, abused individual seeking help;
- \* deaf or hard of hearing individual who uses ASL, is accused of murder and does not yet understand what the police and lawyers are telling him about his rights, events to take place, and so on;
- \* deaf or hard of hearing unemployed persons not yet into the rehabilitation system;
- \* persons who have severe financial problems, threatening housing and family relations;
- \* deaf or severely hard of hearing persons who are threatened with immediate eviction;
- \* deaf or hard of hearing persons (depressed) who are not eligible for DMH services;
- \* individuals who have suddenly become deaf and require information and services to assist adjustment, to develop new communication strategies, to maintain support for interpersonal problems resulting from the effects of sudden deafness, to seek employment changes or accommodations;
- \* individual who is hard of hearing and having difficulty on the job and in family communications and so on.

### **MCDHH Case Management Services**

The client: a 40 year old, deaf woman who communicates through American Sign Language; is an abuser of alcohol and drugs (*heroin*); has 5 children to two different men, both of whom also abuse substances; lives in a housing project with one of the men and the children.

The situation: The "boyfriend" physically and sexually abused the Deaf woman and kept her nearly captive in the house, also forcing her to write bad checks and taking her money. The Deaf woman "escaped from the boyfriend" and went to stay with a friend in a nearby town where she heard about MCDHH services from the Deaf Community. She came to the MCDHH office for help. Meanwhile a DSS complaint had been filed because of the drug activity and possible neglect; and the children were placed in foster homes.

## **Consumer Profile #1**

MCDHH assisted the woman in the following ways:

- \* provided a case manager fluent in ASL.
- \* got a restraining order on the boyfriend and permission to remove her things from the home to storage.
- \* obtained a TTY for her to use the phone.
- \* helped her understand the DSS situation, need to become drug free and referred her to services for help.
- \* referred her to a DHILS program to assist her in learning some basic skills.
- \* helped her to organize her finances to meet basic needs.
- \* helped her to move to a section 8 housing situation away from the boyfriend's area.
- \* helped her understand the assistance of her legal counsel and legal proceedings.
- \* provided technical assistance to her legal counsel re "deaf issues".
- \* enabled her to get communication-accessible services to improve her parenting skills, through the DHILS program.
- \* provided personal support in her recovery.
- \* DHILS Program assisted her in enrolling in a GED program.
- \* provided a single point of coordination for all the services and activities around her situation (*DSS, legal counsel, court action, housing authority, substance abuse services, parenting service, basic financial benefits, vocational services, mental health services*).

### **Outcome:**

- \* She lives in an affordable, safe place.
- \* 4 of the children are with her.
- \* She has gone "cold turkey" and is drug free, going to AA and Al Anon almost daily. Ongoing case management support is still very important for her to sustain this.
- \* All of the children are in school and family relations are improving.
- \* Was helped to get AFDC, medical insurance for the children and food stamps, section 8 housing, and to collect SSI for herself and SSDI from her first husband's benefits for the older child; so she is meeting the basic needs of herself and her family.
- \* A referral was made to Mass. Rehab.
- \* She is working on a GED program in association with a DHILS Program and exploring career path options.
- \* Vital, periodic support from the MCDHH Case Manager continues.
- \* The outlook for self-sufficiency is very good.

## **Reason for Expansion**

The need for a "Case Management" Service for deaf and severely hard of hearing people, especially those who use American Sign Language (ASL), was one of the primary reasons for the establishment, in 1986, of the **MCDHH as a central point for services and referral for deaf and hard of hearing people and for technical assistance to and/or co-case management with other state and federal agencies who provide services to such individuals (DSS, Parole Board, DOC, DYS, MRC, DPH-Substance Abuse Services, DPH-Early Intervention Services, DMA, SSA, and so on).**

The interference of hearing loss often requires adjustments in service delivery. Other state agencies, with staffing and service systems geared toward hearing persons frequently cannot readily provide service access for individuals who use American Sign Language nor for individuals who are severely hard of hearing or late deafened. Co-case management and technical assistance from MCDHH frequently is the solution.

**FY'98 staffing and service configuration:** In FY'98 the MCDHH Case Management Department had only 1 full-time case manager for each of seven regions, one statewide case referral specialist, and one full-time late deafened/hard of hearing specialist, plus a Director.

The Case Referral and Late Deafened/Hard of Hearing Specialist works statewide out of the Boston office. Case Managers work in **seven** regions out of only **4 offices**:

- \* Boston office (*full-time receptionist*),
- \* Plymouth (*shared space with DTA*),
- \* Worcester (*part-time receptionist*),
- \* Springfield (*full-time receptionist*).

The 4 office configuration requires considerable time in travel for each case manager. There is a need for a receptionist in the Plymouth MCDHH office since the case managers otherwise may often be alone in the office with a client and walk-ins are not possible if the case manager is in the field.

**Unserved projection:** It is estimated that some 28,000 individuals in Massachusetts are deaf or have a severe hearing loss such that they cannot hear and understand spoken language through hearing alone even with amplification. Of this number, we would **estimate that a minimum of 20% (5,600) at any given time would be in need of some level of services from the MCDHH case management staff.** ... MCDHH provided case management services in FY'00 for 909 clients with complex needs and 1272 consumers with basic needs such as information, referral, topical information to solve their own problems, or technology assistance in the home. Hence 2181 individuals from birth through the elder years were served in FY'00, leaving **an estimated minimum of 3,419 individuals unserved, most of whom are unaware of the MCDHH services.**

Due to limited staffing, MCDHH has never widely publicized its services, particularly through the early intervention and elder services networks. Generally clients do not come to the service unless they have serious needs. Therefore every attempt is made to provide **some** level of service rather than simply telling a client with immediate needs to "wait". Therefore there is not a "waiting list" per se; however, with the current staffing level:

- \* delivery of service and resolution of problems of clients takes too long;
- \* because of need for delays in service, new clients are provided with some information and sometimes referral assistance while waiting for appointment with a case manager;
- \* there are often lengthy delays before a client actually begins working with a case manager;
- \* problem resolution for a client requires longer than should be the case, often necessitating weeks between appointments when meetings should be moving along rapidly.

Expansion was needed in two primary areas: case management services to young children and their families and specialized services to the elderly. MCDHH did receive expansion funds in FY'99 for Childrens' services. The expansion funds allowed MCDHH to hire three Case Managers for Children.

**(A) CHILDRENS' SERVICES: Expansion of services to young children and their families (Expansion need met in FY'99)**

**NEED: Specialized knowledge needed for service to parents/children**

In the past a case manager was expected to be "generic" so to speak: working alone in an entire region and able to work with all ages and issues and relate to all service systems from birth through the elder years. However, there is specialized knowledge and training needed to work with families of young children who are deaf or hard of hearing, there is a need to increase service capacity for young children and their families, and there is a need to increase services to the adult populations. For these reasons, in FY'99 3 additional case managers were hired specifically for provision of services for young children and their families.

Parents of deaf and severely hard of hearing children have a unique task:

- \* in the early years, they must choose a communication method for their child: an ASL/English approach; a "total communication approach"; or one of several oral (*English only approaches*).



The decision may have profound influence on the child's educational progress and on the family's own need to learn appropriate communication strategies. Families need objective information about hearing loss and approaches to early language development which MCDHH Case Managers can and do provide.

**Consumer Profile: MCDHH Case Management Service to parent and young child.**

A single, hearing, Spanish/English speaking parent, age 22, has a deaf child, now age 6 months. The parent works part-time. Her mother takes care of the deaf child. The day care staff know nothing about deafness. The day care service refers her to MCDHH. The MCDHH Case manager works with the parent to get into an early intervention program, learn how to begin communicating with her child, learn from the MCDHH case manager about the several communication methods from which she must choose (*oral method, total communication method, ASL/English method*), seek out amplification options and the pros and cons of cochlear implants, get a referral to a specialized early intervention program for the deaf and link up with a parent support group, and look into additional services for herself re training and employment. Also the case manager will assist the parent in seeking appropriate assessments as the child grows, in getting an appropriate preschool program and in developing appropriate service plans as the child grows.

Contacts will be made with DPH Early Intervention, Specialized Deaf Parent/Infant Program, and other appropriate agencies.

**Early Intervention outreach with DPH**

The Department of Public Health Early Intervention Services has responsibility for service provision for all young children (*birth to 3 years*) and their families. However, the Early Intervention Services recognizes the need for specialized, objective information for parents and worked with MCDHH to recently develop a brochure and information sheet for parents which identifies the MCDHH Case Management Service as a primary point of contact for assistance for parents of young children who have a hearing loss. Local school departments also have responsibility for deaf and hard of hearing children from 3 years and older. However, most local schools do not have specialized staff in the education of deaf children, do not provide actual services to parents to assist their communication with their child, and often lack the expertise to identify actual specialized needs in IEPs. Therefore parents, and schools as well, often benefit from the consultation of the MCDHH case manager.

## **Education often fails; assistance to parents is crucial key:**

One of the greatest problems to independence and economic self-sufficiency later in the life of Deaf and severely hard of hearing individuals begins in the very early years of life with:

- (1) lack of parent access to appropriate information especially during the early years;
- (2) lack of appropriate education of hearing parents re how to enable a deaf or severely hard of hearing child's language development;
- (3) lack of access to environments, in and out of the home, for development of a first language in the early years of life;
- (4) lack of appropriate, effective education for the individual young child; and
- (5) lack of sufficient specialized technical assistance and training to special education administrators regarding the actual needs to deaf and severely hard of hearing children and their families.

The MCDHH Statewide Advisory Council demands that the MCDHH work with the Department of Education, the DPH Early Intervention Services, and local services to improve the education of deaf and hard of hearing children and availability of practical assistance and objective information to their families. Appropriate early intervention is a “must” in order to prevent future developmental and educational losses.

## **Improved Program Outcomes**

The additional three full-time case managers :

- \* enable follow-up on referrals of parents of young children between birth and 3 years resulting from the parent outreach efforts of DPH,
- \* served approximately 300 children and families annually and work with agencies, beginning in FY'99,
- \* provide parents with information and assistance to avert developmental delays and educational lags which have the spin-off effects of unemployment or underemployment, social disabilities due to lack of self-esteem, reliance of individuals on state benefits and state services.

**(B) ELDER SERVICES: Expansion of case management services to the elderly  
(current unmet need)**

Some 50 to 75% of the elderly population have a hearing loss, with the percentage increasing with age and with the population increasing in longevity. MCDHH has done limited outreach through its independent living providers to the elder population due to limited staffing. Only 23% of the MCDHH case management case load are elderly, and the majority of those are individuals who were "born deaf".

The Executive Office of Elder Affairs (*EOEA*) has primary responsibility for services to the elderly. However, staff of EOEA recognize that the elder service system has not yet incorporated targeted services for hearing loss into its service systems and that there is an enormous need in this area. MCDHH is currently working cooperatively with EOEA to develop strategies for:

- (1) training of elder service providers to recognize hearing loss, its impact and to seek service for their clients;
- (2) provision of direct service to assist elderly individuals to seek and get communication enhancement services and technology assistance.

MCDHH needs additional Elder Services Specialists, a position similar to that of a Late Deafened/Hard of Hearing Specialist, to work with the elder service network to address the very large population of elders who have a significant hearing loss.

**Justification of Expansion Budget**

Expansion dollars are needed to meet the existing need for outreach, training, and service statewide in each region through:

- 7 full-time, regional, Elder Service Specialists for Deaf and Hard of Hearing (7.0 FTE) and supports costing \$310,450.

**Improved Program Outcomes**

- \* direct service to 360 elderly clients per year re assistive technology and communication enhancement strategies;
- \* technical assistance and training to staff of an estimated 120 provider agencies annually, including for example Home Care providers, Nursing Homes, Senior Centers; and
- \* indirect benefit to an estimated 100 elders with hearing loss through each provider agency = 12,000 elders with hearing loss

2. **4125-0100 Client Services Fund**  
**FY'98 Funding Base Year: \$ -0-**  
**FY '99 Funding: \$50,000**  
**FY'2000 Funding: \$50,000**  
**FY'2001 Funding: \$50,000**  
**Total 3 Year Increase from FY '1998 Base: \$50,000**

### **Program Description**

The Client Services Fund provides purchase dollars for vital communication-related services for individuals who are deaf or hard of hearing when such services:

- \* are not accessible through insurance or other funding sources; and
- \* are needed for safety, access to needed services which will assist to maintain independence, enhance quality of life, improved communication for receiving information and thereby making independent judgments and life decisions.

### **Reason for Expansion**

In FY'99 MCDHH received some funds for purchase of assistive technology and other communication-related services to enable and/or maintain independence specifically for individual clients who are Deaf, late deafened, or hard of hearing. Existing sources of funding which might cover some such needs are grossly insufficient. Some Deaf, late deafened and hard of hearing clients do not qualify for the existing funding source. Some are uninsured. Some are underinsured. Some can't qualify for Medicaid. Some require services which are not covered by insurance at all. Some are veterans with non-service related hearing loss, and so on. MCDHH is seeking to expand this fund in FY'01.

MCDHH case managers regularly work with clients who have such purchase of service needs. The Client Services Fund needs to be expanded to include additional dollars for **Assistive Technology and Technology-Related Training** and **Short-Term Communication Support Services**.

- \* There are consumers who have assistive technology needs which are not met through insurance, MRC's Title VIIB federal funds, voc rehab, elder services funds, or veteran's benefits either because the needed technology is not covered, because the individual does not qualify, and/or because funding is simply severely limited.

- \* In fiscal year 1999, 46 individuals received equipment under this program: 37 for hearing aids and 9 received assistive devices. Hearing aids are more expensive than devices and use up the allotment quickly. We expect this number to be between 50 to 100 in 2000 and 2001.
- \* There are consumers who have a need for short-term, communication-accessible, special services such as one-to-one parenting instruction in ASL, special training and daytime supervision by ASL-fluent staff in an independent apartment to learn to live independently, or communication assistant to enable practical, daily communication access to a "hearing program". For example the Boston Region case manager sampled her records and found 20 cases in which such services were needed but were not available during a one year period. Boston is the largest region. The same need exists in all 7 regions but at a lower incidence.

**Expansion outcome:** We request additional expansion dollars for the Client Services Fund in order to enable deaf and hard of hearing consumers to:

- \* continue receiving technology or services to "avert trouble" and more costly service provision;
- \* profit from services designed to decrease potentially injurious behaviors;
- \* increase productive skills which will facilitate maintaining economic productivity.

**(A) ASSISTIVE TECHNOLOGY AND TECHNOLOGY-RELATED TRAINING:**

**Increase from FY '98**

FY '99	\$50,000
FY '00	\$ - 0 -
FY '01	\$ - 0 -

**Reason for Expansion**

**Service for purchase of:**

- \* hearing aids
- \* assistive listening devices
- \* visual safety signal systems for the home
- \* assistive technology to enable independence in everyday life) vibratory wakeup

- alarms, visual doorbell signalers, baby cry signalers)
- \* training to use hearing aids and other communication devices
- \* speechreading classes
- \* ASL classes:

### **Justification of Expansion Budget**

The total dollars annually for actual purchase of service is \$100,000 per year, The Client Services Fund is currently budgeted for \$50,000 per year. Based on the unmet needs identified by MCDHH, the actual amount needed is \$100,000 per year. A \$50,000 increase is needed for this fund.

### **Improved Program Outcomes**

- \* 50 to 100 clients per year will be assisted to maintain:
  - independent living in the home, averting or delay "institutional" care
  - social participation and avoid isolation and depression,
  - increase potential for employability,
  - avert necessity for more costly state services.

### **(B) SHORT TERM COMMUNICATION SUPPORT SERVICES (Current unmet need):**

#### **Increases from FY '98**

FY '99	\$	-0-
FY '00	\$	-0-
FY '01	\$	-0-

### **Reason for Expansion**

#### **Service for purchase of:**

- \* ASL-fluent communication aides on a temporary basis to (a) enable deaf and hard of hearing individuals to profit from residence programs/services designed for hearing individuals while waiting for designation of responsible agency or primary funding source, (b) to supplement services/funding available from primary agency when increased communication access is needed;
- \* special trainers or teachers who are ASL-fluent and teachers who are skilled in gestural and other communication techniques with late deafened and oral deaf individuals to provide short-term one-to-one instruction to enable;

- \* improved parenting; living in the community and in the home,
- \* increased personal communication skills.

### **Justification of Expansion Budget**

The average cost per individual is \$10,000. At 10 clients per year, the total dollars needed annually are \$100,000 per year.

### **Improved Program Outcome**

- \* 10 clients per year will benefit in:
  - ability to actually live independently while maintaining an apartment, making repairs, identifying health needs, buying food, cooking, cleaning and so on;
  - ability to care for and promote the development of one's children thereby averting intervention by DSS,
  - opportunity to profit from prevention or recovery services such as substance abuse services,
  - learning of skills to promote self-sufficiency later.

**3. 4125-0100 Public and State Agency Education**  
**FY'98 Funding Base Year: \$258,075**  
**FY '99 Funding: \$258,075**  
**FY'2000 Funding: \$258,075**  
**FY'2001 Funding: \$258,075**  
**Total 3 Year Increase from FY '1998 Base: \$ -0-**

#### **Increases from FY '98**

FY '99	\$ -0-
FY '00	\$ -0-
FY '01	\$ -0-

### **Service Description**

MCDHH provides a **specialized information** service for the public and maintains national links with specialized services for the deaf and hard of hearing in order to develop responses. Requests have increased yearly without any increase in staff:

- FY'91 .... 1,416 requests
- FY'96 ... 2,120 requests
- FY'97.....2,848 requests

- FY'98.....2,278 requests (reduction caused by staff vacancy for 5 months)

The information service is staffed with one full-time person and receives some assistance (*estimate .25 FTE*) on complex technology questions from the Assistive Technology Specialist.

MCDHH also provides **trainings** to public and private agencies on a variety of topics related to providing communication access and appropriate services for Deaf, late deafened, oral deaf, and hard of hearing people. Trainings re communication access are provided, for example to:

- |                             |                                   |
|-----------------------------|-----------------------------------|
| * police                    | * EMTs                            |
| * hospitals                 | * the courts                      |
| * attorneys                 | * doctors                         |
| * nursing homes             | * mental health service providers |
| * substance abuse providers | * correction facilities           |
| * social service personnel  | * libraries                       |
| * museums and so on.        |                                   |

Last year, 85 trainings were conducted statewide. Currently, MCDHH has one full-time communication access training specialist, and uses the part-time assistance of two other staff for a total estimated trainer capacity of 2 FTEs for statewide coverage.

### **Reason for Expansion**

- \* Hearing loss is a "hidden" disability. Most individuals do not realize what a person with a hearing loss is missing, in situations designed for hearing people.
- \* Most individuals do not know how to actually make communication accessible to deaf persons or hard of hearing persons.
- \* Most state and local service providers do not know how to configure services or efficiently provide communication accommodations for deaf and hard of hearing people.
- \* Most individuals who become deaf or hard of hearing do not know what resources and technology is available to help.
- \* There is considerable turnover in agencies, requiring re-training and continuing information provision.

MCDHH was established as a result of an 80 person, consumer-majority task force in 1986. That consumer-majority task force and key opinion leaders who are truly knowledgeable about the needs of deaf and hard of hearing people recognized:

- \* the **ongoing** need for public information and education specifically around hearing loss, resources, and communication access how-to's; and
- \* the need for a **specialized centralized point for information and referral related to Deaf, late deafened and hard of hearing people**, in an agency focused on hearing loss and hearing loss help.



Due to limited staffing, the information and training service has not been widely publicized but has generally become known by "word of mouth". Any minor outreach by the MCDHH training department (*Department for Communication Access, Training and Technology Services or the "CATTS Department"*) results in many calls and requests for information and training.

During FY 00, MCDHH:

- \* received 85 requests for training of community-based and state agencies

To more efficiently offer information to the public with limited information and training staff, MCDHH plans to enhance the agency website and develop videos for self-training. However, with the increase of information and training requests, and the anticipated 100% increase in information requests as a result of the WEB site, increased staff are definitely needed.

### **Justification of Expansion Budget (current unmet need)**

Expansion dollars will cover the following costs and meet the demand for services:

(1) Information services:

- \* For 1.0 FTE staff (\$38,533 *per year*),  
with supports (\$7,000 *per year*),
- \* increased printing costs ( \$20,000 *per year*),  
and materials ( \$5,000 *per year*).
- \* Conversion of existing brochures into foreign languages for  
outreach to diverse populations ( \$44,000)

(2) Public Agency Training services:

- \* For 2 FTE Communication Access Training Specialists ( \$74,097 *per year*)  
with supports (\$14,000 *per year*);
- \* training development and dissemination of video training materials (\$50,000  
*average per year*);

### **Improved Program Outcomes**

The following improvements in information services are expected:

- Improve the WEB site
- increase information requests by 100%
- increase development/identification of informational materials re training services

- develop a video per year for self-instruction by newly hired agency staff in areas of crucial service (*medical personnel, police, education*)
- increase trainings of agencies to 140 per year
- Increase audience scope and become an integral part of patient training for professionals in the medical field and criminal justice/legal fields.
- Increase community awareness of MCDHH services, especially within elder services and the field of education.

**4. 4125-0100 Interpreter and CART Services**  
**FY'98 Funding Base Year: \$976,169**  
**FY '99 Funding: \$1,966,169**  
**FY'2000 Funding: \$1,966,169**  
**FY'2001 Funding: \$1,996,169**  
**Total 3 Year Increase from FY '1998 Base: \$990,000**

**Service Description**

The MCDHH Department for Interpreter Services provides a composite of services:

- \* to ensure the establishment and maintenance of a statewide network of quality Interpreters for the Deaf and Communication Access Real-time Translation (CART) Reporters for the benefit of:
  - consumers who are deaf, hard of hearing and late deafened;
  - all state agencies;
  - the courts;
  - the legislature;
  - municipalities ... including for example police, fire and EMT services;
  - non-profit human service providers;
  - private businesses; and
  - colleges and training facilities.

The Department provides an array of services including:

- \* the statewide Interpreter and CART Referral Service, receiving requests for interpreters and referring available jobs on a daily basis to available interpreters, from a pool of some 200 interpreters and 15 to 20 CART Providers throughout the state;
- \* the After-Hours Emergency Interpreter Service, providing interpreters on-call during evenings, weekends and holidays for medical, mental health and police emergencies;
- \* Quality Assurance Screening of Interpreters;
- \* referral of interpreters to the courts as a special high priority area;

- \* special training of interpreters to meet current identified needs;
- \* liaison with the 2 in-state interpreter training programs to coordinate efforts to increase the pool of interpreters;
- \* provision of in-house interpreting and CART services;
- \* provision of advocacy, consultation and training to state agencies and private entities regarding provision of interpreter services.

### **Reason for Expansion (received in FY'99)**

During the past 17 years, the demand for interpreter services continues to increase yearly: (See table, next page). Although the Referral Service continues to fill more requests each year, the recent fill rates are unacceptable:

- FY '96 .... 21,111 requests, with **31% unfilled**
- FY '97 .... 22,117 requests, with **40% unfilled**
- FY '98 .... 25,006 requests, with **42% unfilled**
- FY '99 .... 29,564 requests, with **39% unfilled**

## INTERPRETER REQUEST AND FILLRATE STATISTICS

1980 - 1999

FY	Requests Received	Requests Filled	Percent Filled	Percent Unfilled
1980	970	855	88%	12%
1981	1,550	1,332	86%	14%
1982	1,912	1,674	88%	12%
1983	2,299	2,145	93%	7%
1984	2,908	2,574	89%	11%
1985	3,943	3,621	92%	8%
1986	5,019	4,689	93%	7%
1987	10,088	9,262	92%	8%
1988	12,878	10,909	85%	15%
1989	14,475	11,481	79%	21%
1990	16,113	12,141	75%	25%
1991	15,939	11,731	74%	26%
1992	18,588	11,642	63%	37%
1993	17,692	11,476	65%	35%
1994	20,013	12,259	61%	39%
1995	20,341	14,780	73%	27%
1996	21,113	14,494	69%	31%
1997	22,117	13,284	60%	40%
1998	25,006	14,439	58%	42%
1999	29,564	17,931	61%	39%

CART services, a new translation service for deaf people who are fluent in reading and speaking English, is also growing:

- FY '91 .... 86 requests
- FY '93 .... 407 requests
- FY '95 .... 660 requests
- FY '96 .... 707 requests, with **21% unfilled**
- FY '97 .... 741 requests, with **34% unfilled**
- FY '98 .... 911 requests, with **22% unfilled**
- FY '99 .... 921 requests, with **20% unfilled**

There are approximately **10,112 unfilled requests per year currently** for Interpreters and CART Reporters. And the number of requests continues to rise.

The unfilled requests and lack of an interpreter mean that deaf and hard of hearing people were denied access to crucial services such as :

- \* surgery/medical procedures performed without informed consent, without clear understanding of what is wrong and what is being done;
- \* emergency medical personnel treating patients may be denied access to knowledge of medical conditions/medications taken, allergies and so on;
- \* deaf people in substance abuse treatment programs who cannot participate in counseling or support group sessions;
- \* deaf people denied access to mental health counseling sessions;
- \* missed job interviews; negative job performance reviews due to miscommunication; abuse investigations delayed; deaf students forced to withdrawn from classes because of no interpreters available;
- \* deaf individuals forced to "get by with speechreading" and use of notes in job trainings resulting in inability to actively participate in training and incomplete information; and so on.

The MCDHH Interpreter/CART Department has instituted a number of improvements with the receipt of expansion funds. Among those are:

- \* Efficiency in Referral processing eliminating duplicated and cancelled requests.
- \* Fill rate for FY 2000 went up to 72%.
- \* Interpreters on contract increased from 166 to 215.
- \* Emergency interpreter requests went up from 196 to 362 and the fill rate from 45% to 71%.
- \* 70 individuals were screened for different interpretation levels.

**Insufficient referral service staffing:** The staffing of the Interpreter/CART Referral Service is insufficient to meet the current and growing demand for service.

A work analysis has been done and is available, showing that the current direct service referral staffing is not adequate to meet the level of requests. For example, the referral service currently receive 119 new requests per day, with 8 direct service referral staff. Each referral specialist must handle then an average of 15 new requests per day, resulting in an average of 30 minutes available to work on each new request. Given that the initial intake on a new request takes an average of 15 minutes, and confirmation of filled/unfilled request takes 5 minutes, the referral specialist is then left with only 10 minutes to work on actually filling the request and on pursuing filling of previously

made requests. The result is that all requests cannot possibly be addressed in a timely or complete fashion with current staffing.

**Insufficient qualified interpreters:** For the past several years, the pool of freelance interpreters available to the MCDHH Interpreter Referral Service at any given time has remained at about 50 qualified interpreters, since many of the 200 qualified interpreters in the state have full-time positions in agencies or may be currently not accepting work for personal reasons. Although 25 new interpreters have passed the MCDHH Quality Assurance Screening Test and entered the field during the past 2 years, the growing demand has absorbed more than that number into full-time positions in agencies and businesses.

**Only 25% coverage of the statewide After Hours Emergency Interpreter Service:** Interpreters are paid \$3.00 per hour to be on call for the emergency service for weekends, holidays and evening/nights. The agency requiring the interpreter then pays the interpreter directly for the emergency job should an interpreter be called. Currently only an average of 25% of the time slots are covered across the state. Many interpreters are reluctant to sign on to the on-call service since a middle of the night call may result in the interpreter being physically unable to carryout a job booked for the next morning. The interpreter's alternative would be to get a substitute for the morning job or simply not book a job for the next morning and lose at least half a day's pay or more. The current on-call rate is not sufficient to cover the vital service at all times statewide.

- \* **need for interpreter training:** Although workshops and training opportunities are offered through other entities, MCDHH funded training is the only way to guarantee training targeted to the needs of the state; for example, there has been no comprehensive training regarding interpreting in emergency settings since an initial training was offered by MCDHH in FY 94 to coincide with the establishment of the After Hours Emergency Interpreter Service. Trainings can be expensive due to the need to make them accessible (*hearing interpreters, Deaf interpreters, oral interpreters, and so on may all benefit from the trainings*). The 12 part, in-depth emergency service training (*covering medical, mental health, and legal emergencies*) itself is estimated to cost approximately \$10,000 including speaker fees, interpreter costs, equipment, materials and such.
- \* **need for community outreach:** Community outreach is necessary for consumers to feel connected to the service and for the service to be responsive to needs articulated in the community. Those providing training to consumers must have an intimate knowledge of interpreting and the current policies/procedures/challenges of the Department for Interpreter Services. Direct communication between the Department and deaf and hard of hearing services is essential.

**(A) INTERPRETER AND CART REFERRAL SERVICES  
(RECEIVED IN FY'99):**

**Increases from FY '98**

FY '99	\$ 990,000
FY '00	\$ -0-
FY '01	\$ -0-

**(1) Statewide Interpreter/Cart Referral Service**

Additional resources covered the hiring of additional staff plus supports and completion and maintenance of computerization.

**(2) Community Interpreter Services**

Additional resources covered the hiring additional community interpreters and increased the capacity for rapid response to emergency/high priority requests (*DSS investigations, administrative hearings, police arrests, legal/court events, medical/medical health emergencies*).

**(3) After-Hour Emergency Interpreter Service**

Currently, approximately **29% (143) of the after-hours emergency interpreter requests go unfilled**. The after-hours service is provided during evenings, nights, weekends and holidays. There is still a need for expansion in after-hours services of \$50,352.

**(4) Cart Services**

Additional resources were added for equipment rental and purchase, including an LC Data Projector to provide CART Translation Service for deaf and late deafened consumers.

**(B) INTERPRETER/CART DEVELOPMENT (Current unmet need)**

**Increases from FY '98**

FY '99	\$ -0-
FY '00	\$ -0-
FY '01	\$ -0-



(5) Interpreter Development and Quality Assurance Screening expansion

Additional resources will cover costs for interpreter evaluators, and new test development re: Deaf Interpreters and interpreting for deaf-blind persons. Needed \$424,338.

The additional resources will enable an increase of 50% in number of applicants taking the state quality assurance test to become credentialed sign language interpreters for the deaf and 100% in the number of oral interpreters screened.

(6) Interpreter Training and Development

Additional resources will address the deficit in services by (1) providing trainings to 40 interpreters to ready more interpreters to accept jobs on the after-hours service and increase the fill rate, (2) provide specialized training such as court/legal training, to upgrade skills of existing interpreters to fill high priority types of jobs. And (3) provide tuition assistance to staff of MCDHH who are enrolled in an Interpreter Training Program. Needed \$30,000.

Additional resources will cover costs Community Outreach Coordinator and development of video materials and an Interpreter Profile Book to enable Deaf consumers access to information on names, training, credentials, specialties and visual profile of interpreters.

(7) CART Development

There is a need for an increased number of CART Reporters. Only 80% of the CART requests were filled in FY'99; 78% were filled in FY'98. This is still a relatively new type of service and the demand for the service continues to grow. Needed \$60,000.

## **Improved Program Outcomes**

- 10,000 currently unfilled requests will gradually be filled over the 3 year period, and consumers will have appropriate access to services and information
- Coverage for the After-Hours Emergency Interpreter Service will gradually move toward 100% over the 3 years insuring consumer access to Emergency Services.
- State agencies will come into compliance with the American for Disabilities Act.
- Additional interpreters will be screened and approved to increase the pool of available interpreters
- Substantial increase in the number of interpreters and CART requests filled, thus increasing consumer access to services and information.
- Interpreter training will improve the quality of interpreter services, further enhancing communication access.

**5. 4125-0100 Independent Living Services for the Deaf and  
Hard of Hearing**  
**FY'98 Funding Base Year: \$1,190,000**  
**FY '99 Funding: \$1,715,000**  
**FY'2000 Funding: \$1,715,000**  
**FY'2001 Funding: \$1,715,000**  
**Total 3 Year Increase from FY'1998: \$525,000**

**A. Independent Living Services for Deaf and Hard of Hearing**

**Increases from FY '98**

FY '99	\$525,000
FY '00	\$ - 0 -
FY '01	\$ -0-

**Service description**

There is an array of services to assist "independent living" of Deaf, oral deaf, late deafened and hard of hearing people, including for example:

- \* talking with peers who are deaf or hard of hearing about issues and problems, to lift self-esteem and to acquire practical information for problem-solving
- \* training re communication access, what it is and one's rights
- \* training re how to buy a hearing aid "successfully" without financial loss, stress, and no benefit
- \* training re money management
- \* training in speechreading strategies
- \* training in communication copying strategies
- \* training re using the TTY
- \* information and training re what assistive technology is available and re what might be helpful for the individual
- \* training re how to use a hearing aid
- \* learning where to find communication accessible recreation
- \* learning about AIDS and prevention
- \* learning where to find friends who are deaf and who sign, to reduce isolation
- \* communication training ... for socialization, for information, for employment
- \* training re how to behave on the job to keep your job

- \* ongoing assistance re learning how to deal with everyday life situations ... and the processes, responsibilities, legal implications, and paperwork involved ... such as:
  - buying a car
  - buying a home
  - disputing a bill
  - registering to vote
  - finding a doctor
  - planning a trip
  - planning for one's death
  - reading one's mail
  - finding legal assistance
  - understanding legal processes
  - knowing about illness and what to do
  - learning to parent a child ... re discipline, encouraging development, caring for his/her health; and so on
- \* advocacy to help one get needed and appropriate services.

MCDHH provides such independent living services through:

- (a) DHILS Programs (Independent Living Programs for Deaf and Hard of Hearing people);
- (b) funding of mini-grants to promote innovative service models that can be replicated or pilot stages of new services, and
- (c) the Client Service Fund described under \* item #2 in this budget presentation.

## **Reason for Expansion**

### **\* Continuing training and education for individual consumers:**

Hearing loss interferes with communication through spoken language. Therefore there is a tendency for deaf and severely hard of hearing individuals, particularly those who are not well-educated, to have difficulty getting much of the everyday information which a hearing person picks up through incidental conversation, the radio, overhearing others, and lectures.

And, too often, the educational situation does not provide the deaf individual with practical information for living, nor is communication fluid enough with the deaf child in the home for such information to be acquired. There is an ongoing need to make "catch-up" information and training available and communication-accessible.

There is a population of deaf and hard of hearing individuals who are seriously under-educated and without the naturally acquired information base which hearing individuals readily acquire through everyday interactions; these individuals need assistance at various points throughout life to maintain themselves in the community.

\* **“Gap” individuals, not eligible for state agency services:**

Also, there are deaf and hard of hearing individuals who are not eligible for services from other state agencies but do need assistance in order to be safe, economically stable, employed, living on their own, making independent life choices, and free of the need for more costly state benefits and services.

\* **Access to communication enhancement:**

Insurance does **not** generally cover hearing aid orientation sessions, speechreading classes, communication coping strategy classes, and often mental health assistance for stress. Therefore the majority of individuals who become deaf or hard of hearing later in life generally do not have access to such needed assistance in order to maintain communication. Peer mentoring is one source of help. And state-funded classes and models for such service delivery is another.

A DHILS Program provides:

- \* peer mentoring;
- \* training, generally a link with adult education sources;
- \* advocacy for getting needed services, and education of local agencies and services re how to accommodate the needs of deaf and hard of hearing people;
- \* a link with communication-accessible social/recreational opportunities;
- \* local information and referral;
- \* self-advocacy training;
- \* local emergency intervention;
- \* and other services to foster social and economic independence.

DHILS services are delivered primarily by individuals who are themselves Deaf, late deafened or hard of hearing. The DHILS environment seeks to provide a fully communication-accessible (*ASL and English*), culturally affirmative environment for individuals who are Deaf and also for those who have a hearing loss.

MCDHH contracts for DHILS services in each of ten regions of the state. **DHILS Services**

## **Consumer Profile:**

\* The consumer: a 47 year old, Deaf man who lived at home his whole life, participated in educational programs but did not acquire basic language fluency nor basic reading and writing skills; uses gestures, some spoken words and some signs to communicate; was diagnosed as having a "developmental disability"; he can read and write only very simple notes using incomplete sentences. "John" lives at home with his elderly mother; his mother said "John is very limited; don't expect much from John".

\* The situation: John grew up, got a job in a kitchen of a high tech firm through family contacts. He worked there for 14 years until the kitchen service was privatized and he was laid off. This prompted his aging mother to seek services for him for the first time since John reached adulthood, and he was referred to a DHILS Program from the MCDHH ... John's sign language skill was limited as were his social manners and skills with peers his own age. He had a checking account but did not know how to deal with it and tended to spend impulsively exhausting his money and savings. He had no understanding about health care and had two serious medical conditions which needed to be addressed.

\* Services: John participated in a DHILS Program in which the staff were deaf themselves and versatile in communicating in American Sign Language as well as gestural communication and English. John participated in math and reading classes, sign language classes and the sign language social milieu, also health classes, and social events at the DHILS Program and increased his skills in all areas. Received benefits to social skills, self-esteem, self-direction and language development by participating in the daily events of an ASL-accessible center for Deaf people.

### **Outcome of DHILS services:**

- \* His medical problems have been diagnosed and treated.
- \* He now knows much more about health and everyday health care and when to seek medical attention.
- \* Learned to handle his money in a more practical way.
- \* Has practical social skills and developed a network of friends who also use ASL. Attends deaf social events in the community.
- \* DHILS Program got John an interview for a job in Food Services and he was hired.
- \* Has a good relationship with his mother; still lives at home and enjoys it. Helps his aging mother pay the bills, cook and clean the house. Helps his mother manage her medications. DHILS Program helped John hire a person to clean the house; John supervises and pays the person.
- \* Is employed and economically self-sufficient.
- \* Will be able to live safely, productively and happily on his own when necessary or when he chooses to do so.

### **Reason for Expansion (received in FY'99)**

Some years ago, due to the demands of hard of hearing people recognizing the needs for services, MCDHH required the DHILS programs to open their services to hard of hearing as well as deaf people. However no additional funding was available. Therefore the service level for hard of hearing people has been rudimentary at best, varying somewhat from region to region.

DHILS Programs had received no increase in dollars since 1989, until this current fiscal year when an additional \$240,000 (*for use across 10 regions*) was appropriated by the legislature. However the funding level is still inadequate to meet existing needs.

With the current level of funding and DHILS staffing, deaf, late deafened and hard of hearing individuals are not receiving the training which they need, follow-up is very delayed and outreach to new consumers who are isolated from services and to minorities in particular is not possible.

The funding package for setting up basic, communication accessible DHILS services in a region is \$90,000 including dollars for 1.0 to 1.5 direct service FTEs, 1.0 interpreter, travel, supplies, special materials, purchase of additional interpreter and CART services, space cost-share, and administrative costs. Most providers must supplement this base funding with additional dollars in order to establish a sound DHILS Program to meet the needs of the three populations (*Deaf, late deafened and hard of hearing*).

The position of Deaf Independent Living Specialist and Hard of Hearing Independent Living Specialist is a peer position for which one cannot take a course of study. On the job training is a major part of development for the position. Currently, providers of DHILS services are non-profit agencies with very limited resources and salaries are very low. As a result it is now very difficult to keep a qualified DHILS staff person after he/she has finally acquired the skills and experience on the job to do the job well. Salary increases are needed.

### **Justification of Expansion Budget (Current unmet need)**

Additional resources needed to complete the state network of DHILS Programs are as follows:

- \* increase 6 regions from basic \$90,000 level to \$150,000
- \* increase to minority outreach and staffing, general outreach, and specialized instructors
- \* Needed \$480,000

## **Improved Program Outcomes**

- \* direct staff salaries can be increased, to attract qualified staff and to encourage experienced staff to stay, providing quality service to consumers
- \* more consumers will receive
- \* more minorities will be represented in the DHILS consumer population

## **B. INNOVATIVE DEVELOPMENT GRANTS:**

### **Program Description**

MCDHH seeks to continue the small program initiated as a pilot in FY'97 , to fund innovative, time-limited activities to:

- \* stimulate the development of new services,
- \* demonstrate new service models which can be replicated, and
- \* provide temporary assistance toward expansion of needed services related to enhancement of communication and independent living for individuals who are Deaf, late deafened or hard of hearing in areas of:
  - \* family life, social life, self-esteem
  - \* progress towards employment and economic self-sufficiency for those who are not considered "job ready"
  - \* basic academic skills for life, and adult education
  - \* self problem-solving
  - \* and/or general quality of life.

In recognition of this need, a set-aside of approximately \$45,000 from unexpended dollars was made toward the end of FY97 to initiate this program. Seven innovative contracts were able to be funded in FY97 in areas including the elderly, deaf-blind, substance abuse, service access, and promotion of speechreading classes.

### **Reason for Expansion**

Development of new service models is needed: Massachusetts does not regulate the dispensing of hearing aids. Insurance often does not cover assistive technology for direct communication, and almost never covers communication enhancement classes. Hard of hearing and late deafened people need access to speechreading and communication coping strategy classes. There is a need to stimulate consumer and public awareness of types of services which are beneficial to fostering independence through funding of model and pilot projects. With increased public awareness through demonstration, policy and service delivery changes will follow.

## **Improved Program Outcomes**

- \* innovative service models can be demonstrated and replicated at no or minimal cost in other regions
- \* public awareness of communication enhancement "helps" will increase
- \* public awareness can drive the private provider network to establish communication instruction classes
- \* public awareness can drive the private, profit-making, hearing aid dispensing network to improved service through higher standards for dispensers and through inclusion of appropriate training of the consumer

**6. 4125-0100 Administrative Services**  
**FY'98 Funding Base Year: \$474,905**  
**FY '99 Funding: \$546,905**  
**FY'2000 Funding: \$546,905**  
**FY'2001 Funding: \$546,905**  
**Total 3 Year Increase from FY '1998 Base: \$72,000**

### **Increases from FY '98**

FY '99	\$ 72,000
FY '00	\$ -0-
FY '01	\$ -0-

### **Service Description**

The Administration and Finance Department provides administrative support to all programs services provided by MCDHH. That includes: budget, contracts, leasing, purchasing, inventory, internal control, personnel, payroll, benefits, affirmative action, labor relations, systems, reception, accounts payable, accounts receivable, minority business, and office management.

### **Reason for Expansion (received in FY'99)**

FY'98 staffing for all administrative services included only 9 FTEs (includes two receptionists who provide reception coverage for all staff). Total staff had not increased since the agency was first established in 1987, yet the demands and requirements have tripled. Many positions handled several areas which would be separate functions in larger agencies. Expansion funds enabled MCDHH to hire a Personnel Director and a second FTE for the IT Department.